



Mesa Parks, Recreation and Commercial Facilities Department  
Fee Assistance Application

Parent/Guardian FULL Name \_\_\_\_\_

Street Address \_\_\_\_\_  
(must be same address as on verification letter)

City \_\_\_\_\_ State Arizona Zip Code \_\_\_\_\_

Phone #1 (required) \_\_\_\_\_ Phone #2 \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Total number of household family members: \_\_\_\_

Please list full name of all household members below (attach additional page if necessary):

Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_

I certify that all the information submitted is true and correct, and all names listed are family members residing in my home:

\_\_\_\_\_  
Signature of Parent/Guardian (Full Name)

\_\_\_\_\_  
Date

Verification with current date:

- ☐ Letter from MPS Food Services
- ☐ WIC verification
- ☐ Unemployment verification
- ☐ AHCCCS verification

Maricopa County Low-Income Guidelines  
(Official Use Only)

<u>Family Size</u>	<u>Income</u>
<u>1</u>	<u>\$11,670</u>
<u>2</u>	<u>\$15,730</u>
<u>3</u>	<u>\$19,790</u>
<u>4</u>	<u>\$23,850</u>
<u>5</u>	<u>\$27,910</u>
<u>6</u>	<u>\$31,970</u>
<u>7</u>	<u>\$36,030</u>
<u>8</u>	<u>\$40,060</u>